
Report To: Inverclyde Integration Joint Board **Date:** 17 March 2020

Report By: Louise Long
Corporate Director (Chief Officer)
Inverclyde Health and Social Care
Partnership (HSCP) **Report No:** IJB/21/2020/SMcA

Contact Officer: Sharon McAlees **Contact No:** 715282

Subject: Hard Edges Scotland Report

1.0 PURPOSE

- 1.1 The purpose of this report is to inform the Integration Joint Board of the main findings from the Hard Edges Scotland Report and key messages from recent Inverclyde events and to request the Board to approve funding for two care navigator posts

2.0 SUMMARY

- 2.1 Lankelly Chase and Robertson Trust commissioned a piece of research to Heriot-Watt University to look at the complexity of the lives of people facing multiple disadvantages in Scotland. The findings from this research culminated in the publication of the Hard Edges Scotland Report in June 2019.
- 2.2 The central aim of this study was to establish a statistical profile of the extent and nature of severe and multiple disadvantage (SMD) in Scotland. This included clarifying the patterns of overlap between the different specified domains and creating a fuller profile of those affected.
- 2.3 It also sought to illuminate both service provider and service user perspectives on the routes into SMD and experiences of interacting with multiple service systems, in order to identify requirements for national and local system change.
- 2.4 In addition, Lankelly Chase also allocated funding for the purpose of holding local events as a means of launching the Hard Edges Scotland Report and holding local new conversations about SMD. An event was held in Inverclyde on 22nd October followed by two follow-up sessions in January.
- 2.5 Inverclyde HSCP has undertaken a thorough analysis of the data to identify people who are currently receiving a service from Criminal Justice Social Work, Alcohol and Drug Recovery Services and Homelessness Service (i.e experiencing three SMDs) to understand how these services overlap, how effective they are in addressing need and identify examples of best practice or indeed areas for service improvement.

Current analysis shows 22 people with all 3 disadvantages within Inverclyde and an individual response is required. It is proposed to introduce a pilot to develop a care coordinated response to individuals with multiple complex issues. It is recommended that 2 care navigators are appointed to support a new way of working involving a multi-disciplinary approach using the totality of resources in a coordinated way with individual bespoke support packages.

2.6 The Council's Health & Social Care Committee on 27th February agreed to the appointment of two care navigators , subject to funding being approved by the Integration Joint Board

3.0 RECOMMENDATIONS

3.1 It is recommended that the Integration Joint Board:

- a. Notes and gives comment on the Hard Edges Scotland Report.
- b. Approves funding for the appointment of two care navigators and agrees to receive an evaluation report in May 2020.

Louise Long
Corporate Director (Chief Officer)
Inverclyde HSCP

4.0 BACKGROUND

- 4.1 Lankelly Chase had originally commissioned a Hard Edges England Report which was published in 2015. It was agreed to replicate this research in Scotland while applying learning from the original study. The latter included forming a statistical profile of SMD, but moreover, outlining the patterns of overlap between the different specified domains. In addition, the Scottish study included qualitative elements from six Local Authorities where 25 local key informants were interviewed; 47 front-line workers participated in focus groups and 42 in-depth interviews were undertaken of people experiencing SMD.
- 4.2 The original Hard Edges England Report focused on three disadvantages of homelessness, substance dependency and offending. The Hard Edges Scotland Report extends this to also consider mental health and domestic abuse.
- 4.3 The Hard Edges Report identified the key themes of routes leading into SMD being driven by poverty, violence and trauma. It also outlined the considerable impact of these on every aspect of people's lives including increased likelihood of experiencing a long-term limiting illness, difficulties in maintaining stable housing and prospects of securing employment.
- 4.4 The research estimates that around a total of 191,000 people have a relevant experience across the three original domains in a typical recent year. This suggests a national prevalence rate in Scotland of 42.9 per thousand population for one domain. It is estimated that 156,700 people experience one of these disadvantages only 28,800 people experience two disadvantages and 5,700 people experience three disadvantages.
- 4.5 When considering the five disadvantages, the research estimates that overall 875,000 people in Scotland experienced one of these disadvantages (over one fifth of the entire adult population); 226,000 people have experienced two of them, but a much smaller number of 21,000 have experienced three SMDs.
- 4.6 When considering the overlap of these disadvantages; it is estimated that 8,500 people have a combination of homelessness and offending; a very similar number (8,300) have a combination of homelessness and substance misuse and a somewhat higher number (11,900) experience offending and substance dependency. It is also estimated that 5,700 people experience all three disadvantages.
- 4.7 The research estimates for Inverclyde that the overlap of people experiencing both homelessness and offending is 35, while the overlap of homelessness and substance dependency is 90. However, the overlap of offending and substance dependency is 257 people. The research estimates that there are 81 people in Inverclyde who are currently experiencing all three of these disadvantages.
- 4.8 Inverclyde held a Hard Edges event on 22nd October where approximately 80 people attended from a range of agencies and services, both public sector and third sector. There were four conversation cafes as part of the event that focused on:
 - Poverty and SMD
 - Trauma and SMD
 - Early Intervention
 - Working Together
- 4.9 Key messages from the event and suggested actions included:
 - Holding a specific event for people with lived experience of SMDs and front-line staff with the aim of reducing stigma and sharing a common language of compassion and kindness.
 - Recognising a whole community response is required that includes all of the local assets in our communities.
 - The need to continue to develop a more joined up approach that is person-centred and the range of partners and supports are able to work more closely together.

4.10 Following approval of these actions at the Alliance Board on 9th December; the following progress has been taken:

- Approval was given by Lankelly Chase to fund two workshops targeting people with lived experience and front-line staff from the wide range of third sector organisations. CVS Inverclyde hosted these in January.
- Feedback from these workshops will be used to launch the development of a Resilience Network in February that will adopt a whole community response and will help to improve pathways of support for people to move out of SMD.
- The HSCP is in the process of taking a deep dive into data to have a better understanding of how services are currently working together and identify any improvements of practice.
- Inverclyde Community Justice Partnership will focus on Voluntary Throughcare at the annual Development Session in March to develop a bespoke local model with clear pathways of support. This will target people who are potentially experiencing the three SMD of offending, substance misuse and homelessness.
- Four representatives from Inverclyde Community Justice Partnership will represent Inverclyde at a national Hard Edges event in Stirling in February, outlining progress to date and actions going forward.

Local analysis found:

- the ADRS caseload is 1206 individuals(EMIS)
- Homelessness case (either Prevent 1 or HL1) that was open 428 individuals(SWIFT)
- Any Criminal Justice order (e.g. CPO, DTTO) is 420 individuals(SWIFT)
- 107 are open to ADRS & Homelessness
- 104 are open to ADRS & CJ
- 39 are open to Homelessness & CJ
- 22 people are open to criminal justice, ADRS and Homelessness

5.0 PROPOSALS

5.1 The locally analysis was a snapshot in time however it has identified 22 people currently within the system experiencing three disadvantages. Response to hard edges is to adopt a similar approach to the pathway work adopted for long term conditions, a pathway for complex care that support people through a system. A care navigator is appointed who works with a small number of people linking them into locally service, advocating, mentoring and supporting them. Often people within hard edges report are involved with services however they have the most complex entrenched issues. A multi-disciplinary approach is required to break the cycle of addiction, offending, prison and homelessness.

Outcomes for 22 individual are easily tracked through an outcome framework to monitor the success of the pilot.

The workers should be based in the Inverclyde centre to build relations and support individuals outwith normal working hours. There will be a link into social prescribing, primary care, recovery services including peer mentors, housing and leisure facilities to support a lifestyle change..

6.0 IMPLICATIONS

Finance

6.1 Financial Implications:

Two posts funded by transformation fund at cost of £100k including on costs for 12 months.

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report (£)	Virement From	Other Comments
Hard Edges (new)	Employee Costs	19-20 to 20-21	81,600		Costs based on 2 FTE Grade 6's for 12 months

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

6.2 Legal

n/a

6.3 Human Resources

n/a

EQUALITIES

6.4 Has an Equality Impact Assessment been carried out?

X	YES
	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

6.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP services.	None
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None

HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

6.5 There are no clinical or care governance implications arising from this report.

6.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

7.0 DIRECTIONS

7.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	
	2. Inverclyde Council	X
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

8.0 CONSULTATIONS

8.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with statutory and third sector partners.

9.0 BACKGROUND PAPERS

9.1 Hard Edges Scotland Report Summary.

<https://lankellychase.org.uk/resources/publications/hard-edges-scotland-summary-report/>